

**IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA**

IN RE:	)	
	)	
James V. Young,	)	Case No. 19-24184 GLT
Debtor(s)	)	Chapter 13
	)	Docket No.
	)	
	)	
James V. Young,	)	
Movant(s)	)	
	)	
vs.	)	
	)	
No Respondent(s)	)	
	)	

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

*Specify reason for amendment.* The Debtor is amending his Schedule F to include two pre-petition creditors inadvertently omitted from the original filing.

☐ Voluntary Petition.  
☐ Official Form 6 Schedules (Itemization of Changes Must be Specified)  
☐ Summary of Schedules  
☐ Schedule A – Real Property  
☐ Schedule B - Personal Property  
☐ Schedule C – Property Claimed as Exempt  
☐ Schedule D – Creditors holding Secured Claims }  
Check one:  
☐ Creditor(s) added  
☐ NO creditor(s) added  
☐ Creditor(s) deleted  
☐ Schedule E – Creditors Holding Unsecured Priority Claims  
Check one:  
☐ Creditor(s) added  
☐ NO creditor(s) added  
☐ Creditor(s) deleted  
☒ Schedule F – Creditors Holding Unsecured Nonpriority Claims  
Check one:  
☒ Creditor(s) added  
☐ NO creditor(s) added

\_\_\_\_ Creditor(s) deleted  
\_\_\_\_ Schedule G – Executory Contracts and Unexpired Leases  
    Check one:  
        \_\_\_\_ Creditor(s) added  
        \_\_\_\_ NO creditor(s) added  
        \_\_\_\_ Creditor(s) deleted  
\_\_\_\_ Schedule H – Codebtors  
\_\_\_\_ Schedule I - Current Income of Individual Debtor(s)  
\_\_\_\_ Schedule J- Current Expenditures of Individual Debtor(s)  
\_\_\_\_ Statement of Financial Affairs  
\_\_\_\_ Chapter 7 Individual Debtor’s Statement of Intention  
\_\_\_\_ Chapter 11 List of Equity Security Holders  
\_\_\_\_ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims  
\_\_\_\_ Disclosure of Compensation of Attorney for Debtor  
\_\_\_\_ Other:

**NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES**

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case and to entities affected by the amendment as follows:

Collection Service Center, Inc.  
Pob 560  
New Kensington, PA 15068

Collection Service Center, Inc.  
Attn: Bankruptcy  
839 5th Ave.  
New Kensington, PA 15068

PA Department of Labor & Industry  
Office of Chief Counsel  
Labor and Industry Building  
651 Boas Street-Tenth Floor  
Harrisburg, PA 17121

Office of the United States Trustee  
Liberty Center  
1001 Liberty Avenue, Suite 970  
Pittsburgh, PA 15222

Ronda J. Winnecour, Trustee  
Suite 3250, USX Tower  
600 Grant Street  
Pittsburgh, PA 15219

Date: December 4, 2019

/s/ Kenneth Steidl

Kenneth Steidl, Esquire  
Attorney for the Debtor(s)

STEIDL & STEINBERG  
Suite 2830 – Gulf Tower  
707 Grant Street  
Pittsburgh, PA 15219  
(412) 391-8000  
Ken.steidl@steidl-steinberg.com  
PA I.D. No. 34965

**Fill in this information to identify your case:**

Debtor 1	<b>James V. Young</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	19-24184		

☐ Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number <b>3610</b>	<b>\$1,248.58</b>	<b>\$1,248.58</b>
	<b>When was the debt incurred?</b> <b>2017</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			<b>\$0.00</b>
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	<b>Earned Income Tax</b>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**Total claim**

Debtor 1 **James V. Young**

Case number (if known)

**19-24184**

4.1

**Armstrong Cable**

Nonpriority Creditor's Name

**437 N Main Street  
Butler, PA 16001**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **1704****\$646.02**When was the debt incurred? **2019****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cable tv.**

4.2

**Butler Memorial Hospital**

Nonpriority Creditor's Name

**One Hospital Way  
Butler, PA 16001**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **2301****\$200.00**When was the debt incurred? **2017****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical services.**

4.3

**Citi Bank**

Nonpriority Creditor's Name

**PO Box 6403  
Sioux Falls, SD 57117-6403**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **7324****\$1,409.00**When was the debt incurred? **2018-2019****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Car repairs.**

Debtor 1 **James V. Young**

Case number (if known)

**19-24184**

4.4

**Collection Service Center, Inc.**

Nonpriority Creditor's Name

**Pob 560****New Kensington, PA 15068**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **8LRL****\$841.00**When was the debt incurred? **Opened 06/17****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Collection Attorney BHS  
Dermatology-Cowan**

4.5

**Collection Service Center, Inc.**

Nonpriority Creditor's Name

**Pob 560****New Kensington, PA 15068**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **8EZ9****\$180.00**When was the debt incurred? **Opened 06/17****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Collection Attorney Butler Pathology  
Services**

4.6

**Credit One Bank**

Nonpriority Creditor's Name

**P.O. Box 98873****Las Vegas, NV 89193-8873**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **1546****\$1,223.00**When was the debt incurred? **2018-2019****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Purchase of food and gasoline.**

Debtor 1 **James V. Young**

Case number (if known)

**19-24184**

4.7

**Freedom United FCU**

Nonpriority Creditor's Name

**238 Adams St.  
Rochester, PA 15074**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

**\$1,571.00**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify**Personal loan used to pay other bills and debts and living expenses.**

4.8

**Home Depot**

Nonpriority Creditor's Name

**c/o Home Depot Credit Services  
PO Box 790328  
Saint Louis, MO 63179**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3585****\$553.00**When was the debt incurred? **2018-2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify**Home repairs.**

4.9

**MedExpress Billing**

Nonpriority Creditor's Name

**PO Box 7964  
Belfast, ME 04915-7900**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3908****\$140.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify**Medical services.**

Debtor 1 **James V. Young**

Case number (if known)

**19-24184**4.1  
0**PA Department of Labor & Industry**Last 4 digits of account number **3610****\$888.00**

Nonpriority Creditor's Name

**Office of Chief Counsel  
Labor and Industry Building  
651 Boas Street-Tenth Floor  
Harrisburg, PA 17121**

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another**Type of NONPRIORITY unsecured claim:**☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Overpayment of Unemployment****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Collection Service Center, Inc.  
Attn: Bankruptcy  
839 5th Ave.  
New Kensington, PA 15068**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Collection Service Center, Inc.  
Attn: Bankruptcy  
839 5th Ave.  
New Kensington, PA 15068**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Ford Service Card  
PO Box 9001006  
Louisville, KY 40290-1006**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Home Depot Credit Services  
PO Box 9001010  
Louisville, KY 40290-1010**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total  
claims  
from Part 1

6a. Domestic support obligations

6a. \$ **0.00**

6b. Taxes and certain other debts you owe the government

6b. \$ **1,248.58**

6c. Claims for death or personal injury while you were intoxicated

6c. \$ **0.00**

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. \$ **0.00**

6e. Total Priority. Add lines 6a through 6d.

6e. \$ **1,248.58**



Debtor 1 **James V. Young**Case number (if known) **19-24184**

			Total Claim
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 7,651.02
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 7,651.02